DATENT	ADDL	CATION	DETERMIN	ATION	DECODO
PAIFNI	APPL	IC:ATION	DEIERMIN	AIIUN	RECURD

Application or	Docket	Number
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Effective October 1, 2001													
		CLAIMS AS	S FILED - (Column		(Column 2)		SMAL TYPE		ENTITY		OTHER SMALL	THAN	
TOTAL CLAIMS			7,				RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	~~Umir	nus 20=	*	*		9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	17 mi	nus 3 =	*		X4	2=			X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT							OR			
* If	the difference	in column 1 is	loss than 7	ero ente	r "O" in c	olumn 2	+14		_	OR	+280=	\(\frac{1}{2}\)	
"						olullil 2	TOT	ΓAL	370	OR	TOTAL	740	
	С	(Column 1)	MENDE	Coluı) - PAR		(Column 3)	SMA	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IEST IBER OUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	Λ	
ME	Independent	*	Minus	***		=	X4:	2=		OR	X84=		
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+14	n-		OR	+280=		
								OTAL			TOTAL		
		(0.1 4)		(0 -1	0\	(0-1	ADDIT			OR	ADDIT. FEE	31	
		(Column 1) CLAIMS		HIGH	mn 2) IEST	(Column 3)			ADDI-			ADDI-	
MENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA'	TE	TIONAL FEE		RATE	TIONAL FEE	
NDM	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X4:	2=		OR	X84=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEN	CLAIM		+14	0=		OR	+280=		
								DTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)									OH	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH	HEST	(Column 3)	·		ADDI	ı		ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA [*]	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X4:	2=			X84=	<u> </u>	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+14			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
**	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less tha	n 20, enter "20."	, TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

1005447/

Application or Docket Number

		CLAIMS A	S FILED -	PART	!		S	MALL EI	YTITY		OTHER	THAN	1
			(Column	1)	(Colu	ımn 2)		YPE [OR	_		
TC	OTAL CLAIMS]				Γ	RATE	FEE	1	RATE	FEE	1
FC	PR		NUMBER	FILED	NUMBER EXTRA			BASIC FEE	38 5.00	OR	BASIC FEE	7 70, 00	
TC	TAL CHARGE	ABLE CLAIMS	mir	ninus 20= *				X\$ 9=		OR	X\$18=		
	DEPENDENT C		ㄴ ㅡㅡ	nus 3 =	*			X4: 3 =		OR	X8 b		l
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145		OR	+240=		1
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	<u>.</u>	TOTAL		OR	TOTAL		
	С	LAIMS AS A (Column 1)	MENDED	- PAR' (Colum		(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
NDN	Total	· 13	Minus	** 2	0	= -		X\$ 9=		OR	X\$18=		Ų
AMENDMENT	Independent	* 4 ENTATION OF MI	Minus	***	3	=		X43=	43	OR	X8 ∂ =		
L	FIRST PRESE	ENTATION OF MIC	DETIRLE DEF	ENDENT	CLAIM			+145=		OR	+24/0=	- -	
							Al	TOTAL DDIT. FEE	43	OR	TOTAL ADDIT. FEE		1
	2000	(Column 1)		(Colun	nn 2)	(Column 3)							1
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CL AILA	=		X43 =		OR	X8 ∠ -		
L	rino i rheoc	OW TO MOTATA	CTII CC DCF	CINDEIN	CLAIM			+145		OR	+29:0=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		1
		(Column 1)		(Colun		(Column 3)							I
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞH RUM PREVIC PAID I	BER BUSLY	FRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	***		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	-	X43=		OB	X8 6 =		1
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		\ -	+145:		OR OR	+24)=		1
		mn 1 is less than th mber Previously Pa					L	TOTAL DOIT, FEE			TOTAL ADDIT, FEE		1
444	If the "Highest Nu	mber Previously Pa nber Previously Pai	aid For IN THI	S SPACE I	s less tha	an 3, enter "3."	~		propriate bo				7